

Practitioner's Docket No. MPI93-006CP1DV1ACN1DV1M

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Sundelin, Johan, et al		
Application No.:	10/643,627	Group No.:	1636
Filed:	August 19, 2003	Examiner:	Guzo, David
For:	RECOMBINANT C140 RECEPTOR ITS AGONISTS AND ANTAGONISTS, AND NUCLEIC ACIDS ENCODING THE RECEPTOR		

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Responsive to the Office action mailed April 6, 2005, please amend the above-identified application as follows and enter the remarks below:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

☐ **MAILING**  
deposited with the United States Postal Service in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
37 C.F.R. SECTION 1.8(a) 37 C.F.R. SECTION 1.10\*

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Signature

Paula Swirka  
(type or print name of person certifying)

Date: June 30, 2005

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(Page 1 of 9)

JUN 30 2005

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Practitioner's Docket No. (MPI93-006CP1DV1ACN1DV1M)

PATENT

## Certificate of Transmission under 37 CFR 1.8

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## Submitted herewith:

This Certificate of Transmission under 37 CFR 1.8

Amendment and Response Transmittal (in duplicate)

Amendment and Response

Copy of IDS filed 8/19/2003

with copies of Form PTO/SB/08A and Form PTO/SB/08B

and copy of Reference B3

and copy of stamped return postcard receipt

1 page

2 pages

9 pages

2 pages

2 pages

1 page

1 page

**Total Pages 18 pages**  
(including this cover sheet)

TO/SB/07 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TRANSMITTAL

1. Transmitted herewith for this application are:
  - a. This Amendment and Response Transmittal (2 pages);
  - b. Amendment and Response (9 pages);
  - c. Copy of Information Disclosure Statement (IDS) filed 8/19/2003 (2 pages); with copies of Form PTO/SB/08A (1 page), Form PTO/SB/08B (1 page), reference B3 (1 page) and stamped return receipt postcard (1 page); and
  - d. Certificate of Transmission under 37 CFR 1.8 (1 page).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes an extension of time is not required. However, if an extension of time is required, please consider this a petition therefore:

Fee: \$0.00  
Extension fee due with this request \$0.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10\*

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If an additional extension of time is required, please consider this a petition therefor.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)			(Col. 3)		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment			Highest No. Previously Paid For			Present Extra		Rate	Addit. Fee
Total	17	Minus	20	=	0	\$50.00	=	\$0.00	
Indep.	3	Minus	3	=	0	\$200.00	=	\$0.00	
First Presentation of Multiple Dependent Claims			0			\$360.00	=	\$0.00	
						Total		\$0.00	
						Addit. Fee			

Total additional fee for claims required \$0.00

**FEE PAYMENT**

5. Charge Account No. 501668 the sum of
- \$0.00
- (which includes the
- \$0.00
- extension fee and the
- \$0.00
- additional fee for claims). A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 501668.
- 
- If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address
- 
- Direct all future correspondence to:

Customer Number 30405

OR

Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
40 Landsdowne Street  
Cambridge, MA 02139June 30, 2005

MILLENNIUM PHARMACEUTICALS, INC.

By

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